



Women's Health Care Bibliography August 2004

1: Acta Psychiatr Scand. 2004 Aug;110(2):138-45.

[Social and health adjustment of bulimic women 7-9 years following therapy.](#)

Jager B, Liedtke R, Lamprecht F, Freyberger H.

OBJECTIVE: To examine the long-term social adaptation and long-term follow-up of bulimic women after therapy. METHOD: Eighty women with bulimia nervosa were investigated 7-9 years after the beginning of either conflict-oriented in-patient therapy or systemic out-patient therapy. Data was gathered through interviews and patient questionnaires. RESULTS: At the time of follow-up, 28.9% still had DSM-III-R bulimia, 10.1% suffered from subthreshold bulimia or anorexia (EDNOS), 61.2% did not suffer from any DSM-III-R eating disorder. Compared with statistics on the normal population, the social adaptation of the women was quite good with regard to work, household and living conditions. Some dimensions representing probable aetiological factors (i.e. restrictions of intake, feelings of ineffectiveness) showed a delayed reaction to therapy. CONCLUSION: Long-term outcome of bulimia nervosa may be expected to be moderately good. During therapy, greater attention should be paid to characteristics of the disorder less responsive to treatment.

PMID: 15233714 [PubMed - in process]

2: Am J Clin Nutr. 2004 Aug;80(2):348-56.

Glycemic index, glycemic load, and dietary fiber intake and incidence of type 2 diabetes in younger and middle-aged women.

Schulze MB, Liu S, Rimm EB, Manson JE, Willett WC, Hu FB.

BACKGROUND: Increasing evidence suggests an important role of carbohydrate quality in the development of type 2 diabetes. OBJECTIVE: Our objective was to prospectively examine the association between glycemic index, glycemic load, and dietary fiber and the risk of type 2 diabetes in a large cohort of young women. DESIGN: In 1991, 91249 women completed a semiquantitative food-frequency questionnaire that assessed dietary intake. The women were followed for 8 y for the development of incident type 2 diabetes, and dietary information was updated in 1995. RESULTS: We identified 741 incident cases of confirmed type 2 diabetes during 8 y (716 300 person-years) of follow-up. After adjustment for age, body mass index, family history of diabetes, and other potential confounders, glycemic index was significantly associated with an increased risk of diabetes (multivariate relative risks for quintiles 1-5, respectively: 1, 1.15, 1.07, 1.27, and 1.59; 95% CI: 1.21, 2.10; P for trend = 0.001). Conversely, cereal fiber intake was associated with a decreased risk of diabetes (multivariate relative risks for quintiles 1-5, respectively: 1, 0.85, 0.87, 0.82, and 0.64; 95% CI: 0.48, 0.86; P for trend = 0.004). Glycemic load was not significantly associated with risk in the overall cohort (multivariate relative risks for quintiles 1-5, respectively: 1, 1.31, 1.20, 1.14, and 1.33; 95% CI:

0.92, 1.91; P for trend = 0.21). CONCLUSIONS: A diet high in rapidly absorbed carbohydrates and low in cereal fiber is associated with an increased risk of type 2 diabetes.

PMID: 15277155 [PubMed - in process]

3: Am J Epidemiol. 2004 Aug 1;160(3):224-9.

Effect of a nighttime magnetic field exposure on sleep patterns in young women.

Twoerger SS, Davis S, Emerson SS, Mirick DK, Lentz MJ, McTiernan A.

Since poor sleep quality is associated with multiple health problems, it is important to understand factors that may affect sleep patterns. The purpose of this study was to determine the effect of a continuous, 60-Hz, nighttime magnetic field exposure on sleep outcomes in young women sleeping at home. The study was a randomized crossover trial, comparing intervention (0.5-1.0 micro T above ambient levels) with ambient magnetic field levels, during two 5-night measurement periods. Subjects lived in the Seattle, Washington, area and were 20-40 years of age, had regular menstrual cycles, were not taking oral contraceptives, and had not breastfed or been pregnant during the previous year. The study was conducted between March and September of 2001. Sleep outcomes were measured via actigraphy. The range of magnetic field exposure was 0.001-0.50 micro T during the ambient period and 0.41-1.21 micro T during the intervention period. Sleep outcomes were not significantly different between the intervention and the ambient measurement periods. The intervention magnetic field had no effect on sleep patterns, suggesting that this exposure may not be an important factor in predicting sleep of young women who sleep at home.

PMID: 15257995 [PubMed - in process]

4: Am J Med. 2004 Aug 1;117(3):169-74.

Serum vitamin A concentration and the risk of hip fracture among women 50 to 74 years old in the United States: a prospective analysis of the NHANES I follow-up study.

Opotowsky AR, Bilezikian JP; NHANES I follow-up study.

BACKGROUND: Recent studies on the association between vitamin A and fracture risk have focused on samples with high vitamin A intake. We analyzed a cohort that was more representative of the overall U.S. population to test the hypothesis that both high and low serum vitamin A concentrations increase the risk of hip fracture. METHODS: We utilized data on 2799 women who were 50 to 74 years of age from the first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study. There were 172 incident hip fractures during the 22-year follow-up period. Using Cox regression analysis, we analyzed the relation between baseline serum vitamin A (retinol and retinyl esters) concentration, as a continuous variable and by quintiles, and hip fracture risk. RESULTS: While there was no linear relation between serum vitamin A concentration and the risk of hip fracture in the multivariate analysis (hazard ratio [HR] per SD increase = 1.0; 95% confidence interval [CI]: 0.9 to 1.2), analysis by quintiles revealed a U-shaped relation between serum vitamin A concentration and hip fracture. Fracture risk was significantly higher among subjects in the lowest (HR = 1.9; 95% CI: 1.1 to 3.3) and highest (HR = 2.1; 95% CI: 1.2 to 3.6) quintiles compared with those in the middle quintiles. CONCLUSION: Both low and high serum vitamin A concentrations may be associated with an increased risk of hip fracture.

PMID: 15276595 [PubMed - in process]

5: Am J Public Health. 2004 Aug;94(8):1327-9.

Condom use and the risk of recurrent pelvic inflammatory disease, chronic pelvic pain, or infertility following an episode of pelvic inflammatory disease.

Ness RB, Randall H, Richter HE, Peipert JF, Montagno A, Soper DE, Sweet RL, Nelson DB, Schubeck D, Hendrix SL, Bass DC, Kip KE.

Among 684 sexually active women with pelvic inflammatory disease (PID) followed up for a mean of 35 months, we related contraceptive use to self-reported PID recurrence, chronic pelvic pain, and infertility. Persistent use of condoms during the study reduced the risk of recurrent PID, chronic pelvic pain, and infertility. Consistent condom use (about 60% of encounters) at baseline also reduced these risks, after adjustment for confounders, by 30% to 60%. Self-reported persistent and consistent condom use was associated with lower rates of PID sequelae.
PMID: 15284036 [PubMed - in process]

6: Am J Surg. 2004 Aug;188(2):136-49.
Hormone replacement therapy in postmenopausal women.
Staren ED, Omer S.

BACKGROUND: For many years, hormone replacement therapy (HRT) was considered an effective method of restoring the relative protection from coronary artery disease enjoyed by premenopausal women compared with men of similar age. This view has been supported by a substantial number of basic science and observational studies. DATA SOURCES: Results of recent randomized controlled trials have seriously challenged the concept of the protective value of HRT by showing that rather than decreasing the risk of coronary artery disease, HRT actually appears to increase it. In addition, it increases the risk for breast cancer, stroke, venous thromboembolism, and cholecystitis. RESULTS: Despite some benefits such as increased bone mineral density and decreased risk of fracture and colorectal cancer, these data suggest that the risks of HRT outweigh the benefits. CONCLUSIONS: HRT is no longer routinely recommended for prevention of chronic disease. We present the current scientific data, benefits, risks, and consequent clinical recommendations regarding HRT use in postmenopausal women.
Publication Types: Review/Review, Academic
PMID: 15249239 [PubMed - indexed for MEDLINE]

7: Am J Surg. 2004 Aug;188(2):105-10.
Procedure incidence and in-hospital complication rates of bariatric surgery in the United States.
Livingston EH.

BACKGROUND: Complication rates for bariatric surgery have been reported primarily from academic centers with specialized programs. The rates may not reflect those occurring in the community. METHODS: The National Hospital Discharge Survey (NHDS) database maintained by the Center for Disease Control (CDC) was queried to determine the national incidence and complication rate for bariatric surgery as performed in the United States. RESULTS: The number of bariatric procedures rapidly increased from 6,868 in 1996 to 45,473 in 2001, with most of the increase attributable to a very large rise in the annual number of Roux-en-Y gastric bypasses performed. The in-hospital complication rate was 9.6% and 8.6% of patients has a length of stay exceeding 7 days. Cholecystectomies were performed concurrently in 28% of cases and were not associated with increases in complication rates or longer hospital stays. For those undergoing surgery, the most common preoperative comorbid conditions were hypertension (34%), arthritis (27%), GERD (22%), sleep apnea (22%), and diabetes (18%). CONCLUSIONS: The rate at which bariatric procedures are being performed is rapidly increasing, resulting in the need to establish practice standards. In-house complication rates derived from a cross section of US practices compare favorably with those reported from specialized centers. Based on these nationally representative data, the expected in-house

clinically significant complication rate for bariatric operations is approximately 10%. As that is the average complication rate observed nationally, it serves as the benchmark to which bariatric surgery programs can compare themselves.
PMID: 15249233 [PubMed - indexed for MEDLINE]

8: Ann Behav Med. 2004 Aug;28(1):62-73.
Job characteristics, occupational status, and ambulatory cardiovascular activity in women.
Gallo LC, Bogart LM, Vranceanu AM, Walt LC.

BACKGROUND: Prior research concerning the effects of occupational status and work stress on ambulatory blood pressure (AmBP) has seldom included women, and available results are equivocal. Moreover, the concurrent effects of occupational status and job characteristics have rarely been investigated. Some research is consistent with the idea that stressful job characteristics are especially detrimental to health in low-status workers, creating a cumulative physiological burden. PURPOSE: To examine the independent and joint effects of occupational status and perceived demands, control, and social support at work on AmBP and heart rate (HR) in women. METHODS: One hundred eight women (M age = 41.07 years) wore an AmBP monitor for 2 days and completed a self-report assessment of job control, demands, and support (i.e., Karasek et al.'s Job Content Questionnaire). RESULTS: After controlling for numerous potential confounds, occupational status and job characteristics accounted for 18% and 22% of the inter-individual variability in ambulatory systolic blood pressure (SBP) and HR, respectively. Occupational status independently predicted ambulatory cardiovascular activity and interacted with job characteristics, particularly in relation to SBP. CONCLUSIONS: Inasmuch as ambulatory SBP and HR predict future cardiovascular morbidity and mortality, women with both lower status occupations and stressful job circumstances could be at disproportionately high cardiovascular risk.
PMID: 15249260 [PubMed - in process]

9: Ann Behav Med. 2004 Aug;28(1):39-51.
Health-related quality of life in a multiethnic sample of breast cancer survivors.
Giedzinska AS, Meyerowitz BE, Ganz PA, Rowland JH.

BACKGROUND: The mechanisms by which social relationships exert their influence on mental and physical health outcomes deserve greater attention. PURPOSE: Although many studies assess the influence of actual social interactions on cardiovascular reactivity, we hypothesized that cognitive and behavioral processes (e.g., recalling and discussing relationships) may be important factors responsible for the health effects of social relationships. METHODS: We had men and women recall and speak about specific relationships that differed in their underlying positive and negative substrates. RESULTS: Results revealed that gender moderated the hypothesized pattern of responses, with women showing consistently greater cardiovascular reactivity to the speaking task, particularly when speaking about negative relationships, compared to men. CONCLUSIONS: This study is discussed in light of recent research on gender differences in relationship outcomes as well as the potential importance of delineating the cognitive representations and processes that influence reactions to one's social environment.
PMID: 15249258 [PubMed - in process]

10: Ann Intern Med. 2004 Jul 20;141(2):147.
Comment on: Ann Intern Med. 2004 Jul 20;141(2):118-25.
Summaries for patients. Reducing the prescription of hormone replacement therapy after the release of study results.
[No authors listed]

Publication Types: Comment/Patient Education Handout
PMID: 15262684 [PubMed - indexed for MEDLINE]

11: Ann Surg Oncol. 2004 Aug; 11(8): 762-71. Epub 2004 Jul 12.
Determinants of patients' choice of reconstruction with mastectomy for primary breast cancer.
Ananian P, Houvenaeghel G, Protiere C, Rouanet P, Arnaud S, Moatti JP, Tallet A, Braud AC, Julian-Reynier C.

BACKGROUND: The aim of the study was to measure women's decisions about breast reconstruction (BR) after mastectomy and to assess the factors contributing to their decisions, in a context involving shared decision-making and maximum patient autonomy. **METHODS:** Women who were about to undergo mastectomy for primary breast cancer were systematically offered choices concerning BR and time of reconstruction (intervention always covered by the French National Insurance System). Self-administered questionnaires were used prior to the operation. **RESULTS:** Among the 181 respondents, 81% opted for BR and 19% for mastectomy alone. In comparison with those who chose mastectomy alone, those opting for BR more frequently recognized the importance of discussing these matters with the surgeon and their partner (adjusted odds ratio [OR(adj)] = 13.45 and 3.59, respectively; $P < .05$) and realized that their body image was important (OR(adj) = 10.55, $P < .01$); fears about surgery prevented some of the women from opting for BR (OR(adj) = 0.688, $P < .05$). Among the women opting for BR, 83% chose immediate breast reconstruction (IBR) and 17% chose delayed breast reconstruction (DBR). The preference for IBR was mainly attributable to the fact that these women had benefited more frequently from doctor-patient discussions (OR(adj) = 3.49, $P < .05$) but was also attributable to the patients' physical and functional characteristics: they were in a poorer state of health ($P < .05$). The surgeons predicted their patients' preferences fairly accurately. **CONCLUSIONS:** In a context of maximum autonomy, the great majority of the women chose IBR. The patients' choices were explained mainly by their psychosocial characteristics. The indication for BR should be properly discussed between patients and surgeons before mastectomy.
PMID: 15249342 [PubMed - in process]

12: Arch Intern Med. 2004 Aug 9; 164(15): 1634-40.
Short-term Menopausal Hormone Therapy for Symptom Relief: An Updated Decision Model.
Col NF, Weber G, Stiggelbout A, Chuo J, D'Agostino R, Corso P.

BACKGROUND: Hormone therapy (HT) provides the most effective relief of menopausal symptoms. This therapy is associated with a decreased risk of osteoporosis and colorectal cancer but increased risks of cardiovascular disease (CVD), venous thrombosis, and breast cancer. Our objective was to identify which women should benefit from short-term HT by exploring the trade-off between symptom relief and risks of inducing disease. **METHODS:** A Markov model simulates the effect of short-term (2 years) estrogen and progestin HT on life expectancy and quality-adjusted life expectancy (QALE) among 50-year-old menopausal women with intact uteri, using findings from the Women's Health Initiative. Quality-of-life (QOL) utility scores were derived from the literature. We assumed HT-affected QOL only during perimenopause, when it reduced symptoms by 80%. **RESULTS:** Among asymptomatic women, short-term HT was associated with net losses in life expectancy and QALE of 1 to 3 months, depending on CVD risk. Women with mild or severe menopausal symptoms gained 3 to 4 months or 7 to 8 months of QALE, respectively. Among women at low risk for CVD, HT extended QALE if menopausal

symptoms lowered QOL by as little as 4%. Among women at elevated CVD risk, HT extended QALE only if symptoms lowered QOL by at least 12%. CONCLUSIONS: Hormone therapy is associated with losses in survival but gains in QALE for women with menopausal symptoms. Women expected to benefit from short-term HT can be identified by the severity of their menopausal symptoms and CVD risk. PMID: 15302633 [PubMed - in process]

13: Arch Phys Med Rehabil. 2004 Aug;85(8):1303-8.

Decreased isometric neck strength in women with chronic neck pain and the repeatability of neck strength measurements.

Ylinen J, Salo P, Nykanen M, Kautiainen H, Hakkinen A.

Ylinen J, Salo P, Nykanen M, Kautiainen H, Hakkinen A. Decreased isometric neck strength in women with chronic neck pain and the repeatability of neck strength measurements. Arch Phys Med Rehabil 2004;85:1303-8. OBJECTIVES: To evaluate neck flexion, extension, and, especially, rotation strength in women with chronic neck pain compared with healthy controls and to evaluate the repeatability of peak isometric neck strength measurements in patients with neck pain. DESIGN: Cross-sectional. SETTINGS: Rehabilitation center and physical and rehabilitation medicine department at a Finnish hospital. PARTICIPANTS: Twenty-one women with chronic neck pain and healthy controls matched for sex, age, anthropometric measures, and occupation. INTERVENTIONS: Not applicable. Main outcome measures Peak isometric strength of the cervical muscles was tested in rotation, flexion, and extension. RESULTS: Significantly lower flexion (29%), extension (29%), and rotation forces (23%) were produced by the chronic neck pain group compared with controls. When the repeated test results were compared pairwise against their mean, considerable variation was observed in the measures on the individual level. Intratester repeatability of the neck muscle strength measurements was good in all the 4 directions tested in the chronic neck pain group (intraclass correlation coefficient range, .74-.94). The coefficient of repeatability was 15N, both in flexion and extension, and 1.8Nm in rotation. On the group level, improvement up to 10% due to repeated testing was observed. CONCLUSIONS: The group with neck pain had lower neck muscle strength in all the directions tested than the control group. This factor should be considered when planning rehabilitation programs. Strength tests may be useful in monitoring training progress in clinical settings, but training programs should be planned so that the improvement in results is well above biologic variation, measurement error, and learning effect because of repeated testing. PMID: 15295757 [PubMed - in process]

14: Br J Gen Pract. 2004 Aug;54(505):584-8.

The '2-week rule' for suspected breast carcinoma: a qualitative study of the views of patients and professionals.

Cornford CS, Harley J, Oswald N.

BACKGROUND: The '2-week rule' for the referral of patients with potential cancers is an important but controversial development. AIMS: To investigate the 2-week rule for women with breast problems from the perspective of the patients and of healthcare professionals. Design of study: Qualitative study using semi-structured interviews. SETTING: Patients referred to two breast care units and professionals from primary and secondary care in Teesside and Hartlepool. METHOD: Semi-structured interviews with a purposive sample of 12 patients referred under the 2-week rule and 20 professionals. RESULTS: All women experienced considerable worries in the time leading up to diagnosis. This affected relationships with others, and they used selective telling to help maintain control over their own anxiety and prevent anxiety in others. They were not aware of the 2-week rule as a new

initiative, but wanted quick referral to assure them that they did not have cancer. Patients felt they needed more information about breast symptoms and the referral process. Comments about communication with professionals, both good and poor, were frequent in their accounts, which contrasted with the absence of such concerns in the accounts of the professionals. The professionals thought that the 2-week rule was advantageous in reducing anxiety, but thought that disadvantages included longer waits for patients referred outside the rule and increased pressure on hospital services. Cultural changes, including increased patient assertiveness and 'breast awareness', were considered important contextual factors. General practitioners (GPs) were concerned about missing diagnoses in patients statistically unlikely to have carcinomas. CONCLUSION: Differences in emphasis were apparent, with patients wanting to be assured that they did not have cancer, specialists concerned both about increased workload and the impact on patients with cancers, and GPs anxious about missing diagnoses. The 2-week rule compromises professional autonomy, which partially accounts for the anger directed against it. There is a need for patients to have more information, and they place great value on good communication. All patient responders experienced significant distress while waiting to be seen.

PMID: 15296556 [PubMed - in process]

15: Clin Mol Allergy. 2004 Jul 14;2(1):9.

Management of osteoporosis.

Lewiecki EM.

Osteoporosis or osteopenia occurs in about 44 million Americans, resulting in 1.5 million fragility fractures per year. The consequences of these fractures include pain, disability, depression, loss of independence, and increased mortality. The burden to the healthcare system, in terms of cost and resources, is tremendous, with an estimated direct annual USA healthcare expenditure of about \$17 billion. With longer life expectancy and the aging of the baby-boomer generation, the number of men and women with osteoporosis or low bone density is expected to rise to over 61 million by 2020. Osteoporosis is a silent disease that causes no symptoms until a fracture occurs. Any fragility fracture greatly increases the risk of future fractures. Most patients with osteoporosis are not being diagnosed or treated. Even those with previous fractures, who are at extremely high risk of future fractures, are often not being treated. It is preferable to diagnose osteoporosis by bone density testing of high risk individuals before the first fracture occurs. If osteoporosis or low bone density is identified, evaluation for contributing factors should be considered. Patients on long-term glucocorticoid therapy are at especially high risk for developing osteoporosis, and may sustain fractures at a lower bone density than those not taking glucocorticoids. All patients should be counseled on the importance of regular weight-bearing exercise and adequate daily intake of calcium and vitamin D. Exposure to medications that cause drowsiness or hypotension should be minimized. Non-pharmacologic therapy to reduce the non-skeletal risk factors for fracture should be considered. These include fall prevention through balance training and muscle strengthening, removal of fall hazards at home, and wearing hip protectors if the risk of falling remains high. Pharmacologic therapy can stabilize or increase bone density in most patients, and reduce fracture risk by about 50%. By selecting high risk patients for bone density testing it is possible to diagnose this disease before the first fracture occurs, and initiate appropriate treatment to reduce the risk of future fractures.

PMID: 15253771 [PubMed - as supplied by publisher]

16: Curr Diab Rep. 2004 Aug;4(4):273-80.

Insulin sensitivity and premenstrual syndrome.

Trout KK, Teff KL.

Maintaining normal blood glucose levels is a constant challenge for women with diabetes. Anecdotal reports reveal that many women question if menstrual cycle phases may affect their blood glucose levels. However, results from studies investigating the effect of the menstrual cycle on insulin sensitivity in diabetic women have been conflicting. One variable that may account for the conflicting results is the presence or absence of premenstrual syndrome (PMS), which may exacerbate menstrual cycle-related effects on insulin sensitivity. Treatment of PMS with serotonin reuptake inhibitors may alleviate the symptoms of PMS, as well as improve insulin sensitivity and help regulate blood glucose levels. PMID: 15265470 [PubMed - in process]

17: Curr Opin Lipidol. 2004 Aug;15(4):459-467.

Estrogens, lipoproteins, and cardiovascular risk factors: an update following the randomized placebo-controlled trials of hormone-replacement therapy.

Seed M, Knopp RH.

PURPOSE OF REVIEW: The effects of hormone-replacement therapy on cardiovascular risk factors are examined. In an attempt to explain the results of recent randomized controlled trials in which no benefit of hormone-replacement therapy for postmenopausal women has been observed, RECENT FINDINGS: Changes in lipoproteins in response to hormone-replacement therapy have now been analysed for both primary and secondary prevention studies. In none of the large randomized controlled trials was there any effect of hormone-induced changes in low-density lipoprotein, high-density lipoprotein, or triglyceride on clinical outcome. Further detailed studies of lipoprotein metabolism have not revealed any adverse effect of hormone-replacement therapy. Recent analysis of the Heart Estrogen/Progestin-Replacement Study data suggests hormone-replacement therapy reduces the risk of developing diabetes. The effect of hormone-replacement therapy on inflammatory markers and on flow-mediated dilatation is largely beneficial, although the effect on flow-mediated dilatation is modulated according to endothelial function, which is adversely affected by known risk factors, including age and presence of atherosclerosis. In this respect the work on polymorphisms of estrogen receptor-alpha may in due course help to define those women who would benefit most from use of estrogen. Crucially, oral but not transdermal hormone-replacement therapy increases activated protein C resistance independently of the presence of factor V Leiden. This effect increases the risk of venous thromboembolic events, which is reflected in the results of a hospital case control study of thromboembolism. SUMMARY: Despite the outcome of the hormone-replacement therapy trials, recent work has confirmed the putative antiatherogenic effects of hormone-replacement therapy on lipoprotein metabolism. Metabolic differences of route of administration of estrogen, particularly on haemostatic variables, may explain this clinical paradox, which continues to be an important research area. PMID: 15243220 [PubMed - as supplied by publisher]

18: Curr Opin Obstet Gynecol. 2004 Aug;16(4):295-8.

Laparoscopic treatment of polycystic ovaries: is its place diminishing?

Al-Fadhli R, Tulandi T.

PURPOSE OF REVIEW: The purpose of this review is to provide a critical discussion on the place of laparoscopic ovarian drilling and medical treatment with metformin for polycystic ovary syndrome. RECENT FINDINGS: Laparoscopic ovarian drilling remains popular. It is associated with an ovulation rate of approximately 80% and a pregnancy rate of 50-60% within 1 year of the procedure. The technique results in a decrease in ovarian stromal blood flow. An increasing

amount of data, however, suggests that treatment with metformin is equally as effective. The use of metformin in pregnancy appears to be safe; it decreases the miscarriage rate and possibly the incidence of gestational diabetes. SUMMARY: Laparoscopic ovarian drilling and metformin improve ovulatory dysfunction and pregnancy rate to a similar extent. The advantages of metformin continue beyond conception. It reduces the miscarriage rate and also decreases the likelihood of developing gestational diabetes. A randomized trial comparing the effects of metformin and laparoscopic ovarian drilling in women with polycystic ovary syndrome is recommended.

PMID: 15232482 [PubMed - in process]

19: Curr Treat Options Neurol. 2004 Jul;6(4):319-330.

Sleep Problems Across the Life Cycle in Women.

Moline M, Broch L, Zak R.

Across the life cycle of women, the quality and quantity of sleep can be markedly impacted by internal (eg, hormonal changes and vasomotor symptoms) and external (financial and child-care responsibilities; marital issue) factors. This paper will outline some of the major phases of the life cycle in women that have been associated with sleep problems. The main messages from this paper include 1) that very little systematic, large-scale research has been performed in virtually every area reviewed; and 2) once identified, the sleep problem is generally best addressed by the standard therapeutic approach, except in the case of pregnant and lactating women in which concern for the fetus and child must be considered in the treatment decision. This paper is organized into sections that address sleep problems associated with the menstrual cycle, pregnancy, postpartum, and perimenopause.

Anecdotal reports recommend treatment

that addresses the specific physical discomfort experienced by the woman (eg, analgesics for premenstrual pain, pregnancy pillows for backache, and hormone replacement therapy for hot flashes). The importance of developing standard treatment recommendations is stressed because the development of chronic insomnia has been linked to precipitating events. In addition, primary sleep disorders (eg, sleep apnea or restless legs syndrome) have been shown to increase during pregnancy and menopause, but treatment recommendations may be contraindicated or are not specific for women.

PMID: 15157409 [PubMed - as supplied by publisher]

20: Diabet Med. 2004 Aug;21(8):829-36.

Metformin, pre-eclampsia, and pregnancy outcomes in women with polycystic ovary syndrome.

Glueck CJ, Bornovali S, Pranikoff J, Goldenberg N, Dharashivkar S, Wang P.

AIMS: Was metformin during pregnancy in women with polycystic ovary syndrome (PCOS) associated with pre-eclampsia, and was it safe for mother and neonate?

METHODS: In the current study, pre-eclampsia and other pregnancy outcomes were prospectively studied in 90 women with PCOS who conceived on metformin 1.5-2.55 g/day, and had > or = 1 live birth (97 pregnancies, 100 live births) compared with 252 healthy women (not known to have PCOS) with > or = 1 live birth, consecutively delivered in a community obstetrics practice. RESULTS: Women with PCOS were older than controls (33 +/- 5 vs. 29 +/- 6 years, $P < 0.0001$), more likely to be > 35 years old at conception (23 vs. 13%, $P = 0.028$), much heavier (93 +/- 23 vs. 72 +/- 18 kg, $P < 0.0001$, BMI 33.8 +/- 7.8 kg/m² vs. 25.6 +/- 5.9, $P < 0.0001$), and more likely to be Caucasian (97 vs. 90%, $P = 0.05$), but there were similar numbers with preconception Type 2 diabetes mellitus [2/90 (2.2%) vs. 1/252 (0.4%), $P = 0.17$]. Pre-eclampsia in PCOS (5/97 pregnancies, 5.2%), did not differ ($P = 0.5$) from controls (9/252, 3.6%), nor did it differ

(P = 1.0) in PCOS vs. control primigravidas [2/45 (4.4%) vs. 4/91 (4.4%)]. Development of gestational diabetes in PCOS did not differ from controls [9/95 pregnancies (9.5%) vs. 40/251 (15.9%), P = 0.12]. Of the 100 live births to 90 women with PCOS, there were no major birth defects. Mean +/- sd birth weight of the 80 live births > or = 37 weeks gestation in women with PCOS (3414 +/- 486 g) did not differ from controls' 206 live births > or = 37 weeks (3481 +/- 555 g), P = 0.34, nor did the percentage of > or = 37 week gestation neonates > or = 4000 g (12.5 vs. 17.5%, P = 0.3) or > or = 4500 g (1.3 vs. 2.9%, P = 0.7).

CONCLUSIONS: Metformin is not associated with pre-eclampsia in pregnancy in women with PCOS, and appears to be safe for mother and fetus. Copyright 2004 Diabetes UK

PMID: 15270785 [PubMed - in process]

21: Dis Colon Rectum. 2004 Jul;47(7):1170-3. Epub 2004 May 19.

Anterior levatorplasty for the treatment of chronic anal fissures in females with a rectocele: a randomized, controlled trial.

Ellis CN.

PURPOSE: It is postulated that an anterior anal fissure can result from mucosal trauma occurring during distention of a rectocele and that repair of the rectocele by anterior levatorplasty can lead to healing of these anal fissures. This study was designed to compare anterior levatorplasty with internal sphincterotomy for the management of anterior anal fissures in females with a rectocele. METHODS: From June 2000 until May 2002, 54 consecutive females with an anterior anal fissure and a rectocele were randomized to be managed by internal sphincterotomy or anterior levatorplasty. Preoperatively, manometry was performed, continence was measured using the Cleveland Clinic scoring system, pain scores were obtained using a visual analog scale, and the symptoms of bleeding and straining to defecate were assessed. Postoperatively, pain scores were obtained at Days 2, 7, and 21. Manometry, continence scores, and resolution of symptoms were measured between 8 and 12 weeks. Patient satisfaction and fissure healing also were assessed between 8 and 12 weeks. The average length of follow-up was 20 (range, 6-30) months. RESULTS: Postoperatively, lateral sphincterotomy caused a decrease in the resting pressures and anterior levatorplasty resulted in an increased length of the anal canal. Anterior levatorplasty also caused increased postoperative pain scores. There were no differences in fissure healing and patient satisfaction. CONCLUSIONS: These data suggest that anterior levatorplasty is an option for the management of patients with a rectocele, which may avoid the risk of incontinence with lateral internal sphincterotomy and better address the etiology of anterior anal fissures.

Publication Types: Clinical Trial/Randomized Controlled Trial

PMID: 15148646 [PubMed - indexed for MEDLINE]

22: Eur J Obstet Gynecol Reprod Biol. 2004 Aug 10;115(2):190-3.

Effect of estradiol valerate and levonorgestrel on vaginal health.

Manonai J, Chittacharoen A, Theppisai U.

Objectives: To evaluate the effect of the combined hormone replacement therapy (HRT) estradiol valerate/levonorgestrel on vaginal symptoms, vaginal health index, vaginal pH, and vaginal cytology. Study design: A prospective, open-label study involving 32 postmenopausal women was performed in Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. All the subjects received sequential oral estrogen-progestogen hormone replacement therapy, which contains 2mg estradiol valerate and 0.15mg levonorgestrel, for 6 months. The results in terms of vaginal health index, vaginal pH, and vaginal cytology before and after treatment were analyzed. Results: The mean age of these postmenopausal women was

[Formula: see text] years (range: 46-60 years). The mean time since the last menstrual period was [Formula: see text] years (range: 1-15 years). The vaginal health index, which indicates vaginal health by means of scores for vaginal moistness, vaginal fluid volume, vaginal elasticity, vaginal mucosa, and vaginal pH rose significantly in all the women. The mean vaginal pH became significantly lower. The vaginal cytology showed an estrogenic effect on the karyopyknotic index (KPI) and the maturation value (MV) after 3 and 6 months of treatment. Conclusion: During estradiol valerate and levonorgestrel treatment, there were demonstrable improvements in the objective signs of vaginal atrophy: atrophic vaginal epithelium became thicker and vaginal pH lower, and the morphology of the vaginal cells was better.

PMID: 15262354 [PubMed - in process]

23: Eur J Obstet Gynecol Reprod Biol. 2004 Aug 10;115(2):125-33.

Insulin resistance and metformin in polycystic ovary syndrome.

Ben-Haroush A, Yogev Y, Fisch B.

Polycystic ovary syndrome (PCOS) is a heterogeneous disorder with widespread systemic manifestations affecting 5-10% of women of reproductive age. The accompanying insulin resistance and hyperinsulinemia mark this syndrome as a prediabetic state, with high incidence of impaired glucose tolerance, gestational diabetes, and overt diabetes. Other metabolic and biochemical changes, such as hypertension and dyslipidemia, increase the risk of cardiovascular disease. Fertility may also be impaired due to anovulation, impaired implantation, and higher rates of spontaneous abortions. All of these effects may also be related to hyperinsulinemia. Metformin, as insulin-sensitizing drug, is being evaluated for its potential long-term disease-modifying effect, such as prevention of diabetes. Its use may also help restore spontaneous ovulation and improve menstrual cyclicity, improve the success rate of induction of ovulation with clomiphene citrate and FSH, and decrease the high rate of ovarian hyperstimulation and early pregnancy loss. Nevertheless, these new exciting potential benefits of metformin should be evaluated in large randomized controlled studies, and clinicians must counsel women appropriately before the initiation of metformin therapy.

PMID: 15262344 [PubMed - in process]

24: Eur J Pain. 2004 Aug;8(4):345-50.

Pain and PTSD symptoms in female veterans.

Asmundson GJ, Wright KD, Stein MB.

BACKGROUND: There has been growing empirical examination of the co-occurrence of pain and post-traumatic stress disorder (PTSD) symptoms, and existing evidence suggests that the symptoms associated with each have a close association. To date, however, the association has only been examined within samples of mostly male participants. AIM: In the present study, pain and PTSD symptoms were examined in a sample of 221 female veterans who utilised the VA Healthcare System between 1998 and 1999. METHOD: Women who visited the clinic between 1998 and 1999 were mailed a self-report questionnaire package designed to elicit information regarding general health (including pain experiences), military and trauma history, childhood abuse and neglect, and PTSD symptoms. Analyses were conducted to identify differences in pain experience between those women classified as having PTSD, subsyndromal PTSD, and no PTSD. Analyses were also conducted to determine the degree to which pain-related (e.g., current pain, interference with activity) variables predicted PTSD symptom cluster scores. RESULTS: The three groups differed significantly on a number of pain-related variables. Analyses suggested that pain-related variables were significant predictors of PTSD symptom cluster scores. CONCLUSIONS: These results indicate that the

association between pain and PTSD symptoms, previously observed in primarily male samples, is generalisable to females. Clinical implications and possible mechanisms of association are discussed.

PMID: 15207515 [PubMed - in process]

25: Eur J Pain. 2004 Aug;8(4):315-24.

Cardiovascular responsiveness to brief cognitive challenges and pain sensitivity in women.

Vassend O, Knardahl S.

The primary purpose of the study was to determine the relationship between cardiovascular (CV) responsiveness to brief cognitive tasks and pain sensitivity in normotensive individuals. Fifty-eight healthy women without a history of chronic pain were exposed to three laboratory tasks (reading aloud, speech task, and tracking task) and repeated pain testing (electrocutaneous and pressure pain stimulation) while mean arterial pressure (MAP) and heart rate (HR) were continuously recorded. Generally, subjects with higher HR responsiveness to the cognitive tasks displayed a reduced pain sensitivity, particularly to electrocutaneous pain stimulation. Moreover, the two types of pain stimulation seemed to trigger somewhat different CV response patterns. Inclusion of pain-related CV changes as control variables affected the relationship between HR responsiveness and pain sensitivity, although differently for electrocutaneous and pressure pain. However, inclusion of psychological control variables had no significant effects. Although relatively large CV changes were observed during the experimental tasks, small and insignificant changes in simultaneous or subsequent electrocutaneous pain sensitivity occurred. However, significant increases in pressure pain threshold and tolerance occurred after the speech task, during which MAP level was at its highest. The present findings support the hypothesis that pain sensitivity and CV response share a common mechanism, which, however, is not necessarily linked to either elevated blood pressure levels or other risk factors for hypertension.

PMID: 15207512 [PubMed - in process]

26: Expert Rev Anticancer Ther. 2004 Aug;4(4):523-32.

Raloxifene and its role in breast cancer prevention.

Eng-Wong J, Zujewski JA.

Raloxifene (Evista((R)), Eli Lilly), a selective estrogen receptor modulator (SERM) and ligand for the estrogen receptor (ER), competes with endogenous estrogen for ER binding. Raloxifene is approved for the prevention and treatment of osteoporosis, and shows promise as a breast cancer prevention drug. Raloxifene may be a preferred agent over tamoxifen due to its side-effect profile; in particular, it does not stimulate the endometrium and is not associated with endometrial cancer. The mechanisms for the differential tissue effects of raloxifene compared with other SERMs are not completely understood; the roles of ERalpha and -beta, classic and alternative signaling pathways, and drug conformation are discussed in this review. The utility of raloxifene will depend on the outcome of trials that are now underway, as well as acceptance by high-risk women and their healthcare practitioners.

PMID: 15270657 [PubMed - in process]

27: Eye. 2004 Aug;18(8):826-32.

Management and outcome of sight-threatening diabetic retinopathy in pregnancy.

Chan WC, Lim LT, Quinn MJ, Knox FA, McCance D, Best RM.

AIMS: To report the management and outcomes of sight-threatening diabetic retinopathy in pregnancy. METHODS: A retrospective review of 8 diabetic females who developed pregnancy related sight-threatening diabetic retinopathy requiring treatment over a 12-year period. RESULTS: In total, 16 eyes of eight patients were included in this series. The mean age of the patients at presentation was 30.75 years \pm 3.8 SD and the mean duration of diabetes was 21.0 years \pm 5.1 SD. The mean follow-up period was 46.75 months \pm 47.2 SD. A total of 87.5% of patients showed progression of diabetic retinopathy during pregnancy, 71% of which were in the sight-threatening proliferative category. In the postpartum period, 81% of patients continued to progress to proliferative diabetic retinopathy, requiring panretinal photocoagulation and multiple other surgical procedures. In all, 69% of eyes retained visual acuity equal to or better than 0.3 logMAR units (6/12). CONCLUSION: Sight-threatening diabetic retinopathy in pregnancy is a rare disease, but it can have devastating consequences for mother and child. Laser photocoagulation should be considered for pregnant women with severe preproliferative diabetic retinopathy. Proliferative diabetic retinopathy may not regress postpartum. Close followup should be extended in the postpartum period in this group of patients until the retinopathy is stabilized. The presence of combined rhegmatogenous and tractional retinal detachment and neovascular glaucoma were associated with the worst outcome. Eye (2004) 18, 826-832. doi:10.1038/sj.eye.6701340 Published online 20 February 2004 PMID: 14976547 [PubMed - in process]

28: Health Qual Life Outcomes. 2004 Aug 3;2(1):41. Epub 2004 Aug 03.
The ECOS-16 questionnaire for the evaluation of health related quality of life in post-menopausal women with osteoporosis.

Badia Llach X, Diez-Perez A, Lahoz R, Lizan L, Nogues X, Iborra J.
Background: The aim of this study is to validate the questionnaire ECOS-16 (Assessment of health related quality of life in osteoporosis) for the evaluation of health related quality of life (HRQoL) in post-menopausal women with osteoporosis. Methods: An observational, prospective and multi-centre study was carried out among post-menopausal women with osteoporosis in primary care centres and hospital outpatient clinics. All patients attended 2 visits: at baseline and at 6 months. In addition, the subgroup of outpatients attended another visit a month after the baseline to assess the test-retest reliability. The psychometric properties of the questionnaire were evaluated in terms of feasibility, validity (content validity and construct validity) and internal consistency in baseline, and in terms of test-retest reliability and responsiveness to change in visit at month and visit at 6 months, respectively. In all visits, ECOS-16, EUROQoL-5D (EQ-5D) and four 7-point items about health status (general health status, back pain, limitation in daily activities and emotional status) were administered, whereas only outpatients were given MINI-OQLQ (Mini Osteoporosis Quality of Life Questionnaire), besides all clinical variables; and sociodemographic variables at baseline. Results: 316 women were consecutively included, 212 from primary care centres and 104 from hospital outpatient clinics. Feasibility: 94.3% of patients answered all items of the questionnaire. The mean administration time was 12.3 minutes. Validity: factor analysis suggested that the questionnaire was unidimensional. In the multivariate analysis, patients with vertebral fractures, co-morbidity and a lower education level showed to have worse HRQoL. Moderate to high correlations were found between the ECOS-16 score and the other health status questionnaires (0.47-0.82). Reliability: internal consistency (Cronbach's alpha) was 0.92 and test-retest reliability (ICC) was 0.80. Responsiveness to change: ECOS-16 scores increased according to change perceived by the patient, as well as the effect size (ranges between 1.35 to 0.43), the greater the perception of change in patients' general health status, the greater the changes in patients' scores. The Minimal

Clinically Important Difference (MCID) suggested a change of 0.5 points in the ECOS-16 score, representing the least improvement in general health status due to their osteoporosis: "slightly better". Conclusion: ECOS-16 has been proven preliminarily to have good psychometric properties, so that it can be potentially a useful tool to evaluate HRQoL of post-menopausal women with osteoporosis in research and routine clinical practice.
PMID: 15291959 [PubMed - as supplied by publisher]

29: Int J Cancer. 2004 Aug 10;111(1):160-1; discussion 162.
Is a once-in-a-lifetime pap smear the best option for low-resourced settings?
Robles SC.
Publication Types: Evaluation Studies/Letter
PMID: 15185358 [PubMed - indexed for MEDLINE]

30: Int J Obes Relat Metab Disord. 2004 Aug;28(8):1004-10.
Elevated sialic acid, but not CRP, predicts features of the metabolic syndrome independently of BMI in women.
Browning LM, Jebb SA, Mishra GD, Cooke JH, O'Connell MA, Crook MA, Krebs JD.

AIMS: C-reactive protein (CRP) is a predictor of many diseases including type II diabetes and cardiovascular disease. Fewer studies have similarly shown sialic acid (SA) to be a predictor of obesity-related diseases, but importantly SA shows less intra-individual variability than CRP and acts as an integrated marker of the activity of a number of acute-phase proteins. This study examines the association between both CRP and SA with individual and combined features of the metabolic syndrome. SUBJECTS: In all, 257 women with a body mass index (BMI) ranging from 25.1 to 54.5 kg/m² (geometric mean 33.1 +/- 5.8 kg/m²) and aged 19-71 y (mean 45.6 +/- 12.1 y) were studied. Subjects had no symptoms of intercurrent infection, known diabetes, treated dyslipidaemia, a chronic inflammatory condition, liver disease or malignancy. RESULTS: Linear regression demonstrates that both CRP and SA were positively associated with weight, BMI, insulin resistance, dyslipidaemia and hypertension. There was a highly significant (P<0.0001) positive association of both SA and CRP with none, one, two, three or four features of the metabolic syndrome. For a 1 s.d. (4.0 mg/l) increase in CRP, there was a significant increased risk when comparing the odds of having metabolic syndrome (defined as three or more individual features) compared with the remainder of the population (odds ratio=1.7, P<0.0001), but this was not significant after adjustment for BMI. However, for a 1 s.d. (0.34 mmol/l) increase in SA, the odds of having metabolic syndrome compared with those without metabolic syndrome was 2.5 (P<0.0001), and persisted after additional adjustment for BMI (adjusted odds ratio=1.9, P<0.0001). CONCLUSIONS: While SA and CRP are both univariately associated with individual features of the metabolic syndrome, SA, but not CRP, is significantly associated with the metabolic syndrome, independent of BMI. We conclude that SA identifies a subgroup of overweight individuals with an inflammatory phenotype, who are at the greatest risk of metabolic syndrome.
PMID: 15211367 [PubMed - in process]

31: J Clin Endocrinol Metab. 2004 Aug;89(8):3835-40.
Effect of the insulin sensitizer pioglitazone on insulin resistance, hyperandrogenism, and ovulatory dysfunction in women with polycystic ovary syndrome.
Brettenthaler N, De Geyter C, Huber PR, Keller U.

Polycystic ovary syndrome (PCOS) is characterized by hyperandrogenism, chronic anovulation, and insulin resistance; long-term consequences include diabetes mellitus type 2. The aim of this randomized, double-blind, controlled trial was to

investigate whether the thiazolidinedione derivative pioglitazone diminishes insulin resistance and hyperandrogenism and enhances ovulation rates in women with PCOS. Forty premenopausal women with PCOS were randomly allocated to treatment with either pioglitazone (30 mg/d) or placebo for periods of 3 months. Administration of pioglitazone resulted in a remarkable decline in both fasting serum insulin levels ($P < 0.02$) and the area under the insulin response curve after an oral glucose load ($P < 0.02$). This represented an increase in insulin sensitivity and a decrease in insulin secretion ($P < 0.05$). Furthermore, pioglitazone increased serum SHBG ($P < 0.05$), resulting in a significant decrease in the free androgen index ($P < 0.05$ compared with placebo). Treatment with pioglitazone was also associated with higher ovulation rates ($P < 0.02$). Thus, pioglitazone significantly improved insulin sensitivity, hyperandrogenism, and ovulation rates in women with PCOS, thereby providing both metabolic and reproductive benefits.
PMID: 15292314 [PubMed - in process]

32: J Intern Med. 2004 Aug;256(2):111-8.
Tobacco and myocardial infarction in middle-aged women: a study of factors modifying the risk.
Janzon E, Hedblad B, Berglund G, Engstrom G.

BACKGROUND: Although myocardial infarction (MI) is strongly related to smoking, few have studied why some smokers are more vulnerable than others. This study explored how the risk of MI in current and former smokers is modified by other cardiovascular risk factors. METHODS: Incidence of MI (fatal and nonfatal) amongst 10619 women, 48.3 +/- 8.2 years old, were studied in relation to smoking, hypertension, hypercholesterolaemia, diabetes, marital status and occupational level over a mean follow-up of 14 years. RESULTS: Of the 3738 smokers, one-third had at least one major biological risk factor besides smoking; 228 women had MI during follow-up. Smoking and hypertension showed a synergistic effect on incidence of MI. The adjusted relative risks (RR) were 12.2 (95% CI: 7.5-19.8) for smokers with hypertension, 5.3 (CI: 3.3-8.1) for smokers with normal blood pressure and 2.4 (CI: 1.4-4.3) for never-smokers with hypertension (reference: normotensive never-smokers). The corresponding RRs for diabetic smokers and diabetic never-smokers were 19.0 (CI: 10.2-35.4) and 8.8 (CI: 4.4-17.4), respectively (reference: nondiabetic never-smokers). In terms of attributable risks, hypertension, hypercholesterolaemia and diabetes accounted for 12.9, 11.5 and 7.2%, respectively, of MI in female smokers. Low socio-economic level and being unmarried accounted for 19.6 and 1.6%, respectively. CONCLUSIONS: Although smoking is a major risk factor for MI, the risk varies widely between women with similar tobacco consumption. The results illustrate the need of a global risk factor assessment in female smokers and suggest that female smokers should be targets both for intensified risk factor management and programmes to stop smoking.
PMID: 15257723 [PubMed - in process]

33: J Natl Cancer Inst. 2004 Jul 21;96(14):1110-1.
Comment on: J Natl Cancer Inst. 2004 Mar 17;96(6):443-8.
Re: Trends in the treatment of ductal carcinoma in situ of the breast.
Intra M, Rotmensz N, Viale G, Veronesi U.
Publication Types: Comment/Letter
PMID: 15265976 [PubMed - indexed for MEDLINE]

34: J Natl Med Assoc. 2004 Aug;96(8):1027-31.
Knowledge of heart disease among women in an urban emergency setting.
Prendergast HM, Bunney EB, Roberson T, Davis T.

OBJECTIVE: To test the hypothesis that the higher prevalence of heart disease-related illnesses in women in urban areas may be attributed to lack of knowledge. DESIGN: A prospective survey of 224 women presenting to an urban emergency department. INTERVENTION: All study participants were surveyed about their knowledge of heart disease and associated risk factors. RESULTS: Two-hundred participants correctly completed the surveys. Only 25 (13%) of women correctly identified heart disease as the leading cause of death in women. Similarly, only 12 (6%) of women surveyed felt heart disease was the greatest health issue facing women today. The majority of women felt breast cancer was the most important health issue and responsible for the greatest mortality in women. Only three of the traditional cardiac risk factors were correctly identified by half of the women surveyed: hypercholesterolemia (56%), hypertension (54%), and tobacco (52%). Family history was correctly identified by 44%, and only 20% of women felt diabetes was a risk factor for cardiovascular disease. CONCLUSIONS: Despite increased medical education and media time spent on women's health issues, up to 87% of women in this urban population did not know the leading cause of death for their gender. PMID: 15303406 [PubMed - in process]

35: J Urol. 2004 Jul;172(1):232-5.
Urinary urgency and frequency, and chronic urethral and/or pelvic pain in females. Can doxycycline help?
Burkhard FC, Blick N, Hochreiter WW, Studer UE.

PURPOSE: Persistent urinary urgency and frequency, and chronic urethral and/or pelvic pain in women are often a diagnostic and therapeutic challenge. This can be frustrating for patients and physicians. The search for an infectious agent often proves futile and after multiple ineffective treatment regimens patients may be classified as having interstitial cystitis or referred to a psychiatrist as the last option. We evaluated whether treatment with doxycycline of the patient and her sexual partner would be beneficial. MATERIALS AND METHODS: Women presenting with a history of urinary urgency and frequency, and chronic urethral and/or pelvic pain often associated with dyspareunia and/or a history of recurrent urinary tract infection were evaluated. Initial examinations included urethral and cervical/vaginal swabs, serum analysis, urine examination and culture, and bladder barbitage. A total of 103 women with a median age of 46 years (range 21 to 84) and with a median symptoms history of 60 months (range 3 to 480) were included. All patients had trigonal leukoplakia at cystoscopy, in 15% an infectious organism was identified and 30% had leukocyturia. All were treated with doxycyclines, and a vaginal antimicrobial and/or antimycotic agent following the same regimen, including treatment of the sexual partner. RESULTS: After treatment with doxycycline 71% of the women were symptom-free or had a subjective decrease in symptoms. CONCLUSIONS: Treatment with doxycycline is effective in more than two-thirds of patients complaining of persistent frequency and urgency, chronic urethral and/or pelvic pain, and dyspareunia as well as a history of recurrent urinary tract infections. In women with negative urinary cultures but a history of urgency/frequency probative treatment with doxycycline is justified and endoscopic findings may support the hypothesis of chronic infection. This should be done especially before contemplating psychiatric treatment or diagnosing the patient with interstitial cystitis. We attribute this high success rate to simultaneous treatment of the sexual partner, who may be an asymptomatic carrier, although this remains to be proved. PMID: 15201781 [PubMed - indexed for MEDLINE]

36: JAMA. 2004 Jul 28;292(4):496-8.

Comment on: JAMA. 2004 Jul 28;292(4):435-41.

JAMA. 2004 Jul 28;292(4):442-52.

Decision aids from genetics to treatment of breast cancer: long-term clinical utility or temporary solution?

Eng C, Iglehart D.

Publication Types: Comment/Editorial

PMID: 15280348 [PubMed - indexed for MEDLINE]

37: JAMA. 2004 Jul 28;292(4):435-41.

Comment in: JAMA. 2004 Jul 28;292(4):496-8.

Effect of a decision aid on knowledge and treatment decision making for breast cancer surgery: a randomized trial.

Whelan T, Levine M, Willan A, Gafni A, Sanders K, Mirsky D, Chambers S, O'Brien MA, Reid S, Dubois S.

CONTEXT: The long-term results of randomized trials have demonstrated equivalent survival rates for mastectomy and breast-conserving therapy for the treatment of early stage breast cancer. Consequently, the choice of treatment should be based on a patient's preferences. OBJECTIVE: To evaluate the impact of a decision aid regarding the different surgical treatment options on patient decision making.

DESIGN AND SETTING: A cluster randomized trial for which general surgeons in the communities of central-west, and eastern Ontario, Canada, were randomly assigned to use the decision aid or not in the surgical consultation. Patients received the decision aid or not based on the surgeon seen. PARTICIPANTS: Twenty surgeons participated in the study. Of the 208 eligible women with newly diagnosed clinical stage I or II breast cancer seen by study surgeons, 201 agreed to be evaluated: 94 were assigned to the decision board and 107 to usual practice. Patients were recruited from November 1999 to April 2002. INTERVENTION: The decision board is a decision aid designed to help physicians inform their patients about different treatment options and to enable patients to express a preference for treatment.

MAIN OUTCOME MEASURES: Patient knowledge about the surgical treatment of breast cancer; decisional conflict; satisfaction with decision making; and the treatment decision following the consultation. RESULTS: Patients in the decision board group had higher knowledge scores about their treatment options (66.9 vs 58.7; $P < .001$), had less decisional conflict (1.40 vs 1.62, $P = .02$), and were more satisfied with decision making (4.50 vs 4.32, $P = .05$) following the consultation. Patients who used the decision board were more likely to choose BCT (94% vs 76%, $P = .03$). CONCLUSIONS: The decision board was helpful in improving communication and enabling women to make a choice regarding treatment. Such instruments should be considered by surgeons when communicating the different surgical options to women with breast cancer.

Publication Types: Clinical Trial/Randomized Controlled Trial

PMID: 15280341 [PubMed - indexed for MEDLINE]

38: Maturitas. 2004 Aug 20;48(4):398-410.

Hormone replacement therapy and health behavior in postmenopausal polio survivors.

Kalpakjian CZ, Riley BB, Quint EH, Tate DG.

Objectives: Little is known about menopause and hormone replacement therapy (HRT) use in women with disabilities. The objectives of this study were to explore the health behaviors, health outcomes, and efficacy of HRT in a group of postmenopausal polio survivors and to compare selected outcomes to nationally representative cohorts. Methods: One hundred and thirty-one postmenopausal polio survivors completed self-report surveys on health behaviors, HRT use, functional status, and psychosocial well-being. During a physical examination, fasting

cholesterol and body mass index (BMI) were collected. Independent sample t-tests and Chi-square analysis were used to compare HRT users and non-users on health behaviors and health outcomes; logistic regression was used to predict HRT use. Results: Prevalence of HRT use was 58%. Only BMI predicted HRT use ([Formula: see text], CI: 0.11-0.81). HRT users had better high density lipoprotein (HDL), low density lipoprotein, total cholesterol/HDL ratios, lower BMIs, were more confident when communicating with their physicians, more likely to discuss menopause with their physician, and experienced greater overall stress. HRT was not associated with health behavior, health-related quality of life, mood, or life satisfaction. Compared to non-disabled women, more of these women had higher total cholesterol, obesity, more sleeping problems, and were less likely to vigorously exercise or smoke. Conclusions: HRT did not confer substantial benefits in these postmenopausal polio survivors to warrant them using HRT at a higher rate than their non-disabled peers. Comparisons to their non-disabled peers suggested they may be at higher risk for adverse health problems associated with postmenopause.

PMID: 15283932 [PubMed - in process]

39: MCN Am J Matern Child Nurs. 2004 Jul-Aug;29(4):248-253.

Breastfeeding in Chronic Illness: The Voices of Women With Fibromyalgia.
Schaefer KM.

PURPOSE:: To describe what it is like for women with fibromyalgia (FM) to breastfeed their infants. STUDY DESIGN AND METHODS:: Nine women with FM who chose to breastfeed their infants were the sample for this qualitative study. van Manen's phenomenological method of reflection, writing, and rewriting was used to analyze the data collected through in-depth tape-recorded interviews and written stories. RESULTS:: All nine women felt that they were not successful in their attempts to breastfeed, and felt frustrated. Themes included (a) muscle soreness, pain, and stiffness made it difficult to breastfeed the baby; (b) fatigue interfered with the breastfeeding process; (c) the need for medication, perceived insufficient milk supply, and sore nipples led to forced unplanned weaning; and (d) being forced to wean the infant when not ready to do so created sadness and a feeling of depression. CLINICAL IMPLICATIONS: Nurses who work with women with FM who choose to breastfeed need to be proactive in providing informational, emotional, and physical support to facilitate a successful breastfeeding experience for these women. Knowing that the pain, muscle soreness, stiffness, and fatigue of FM may affect breastfeeding can direct nurses to help women with FM plan for support after childbirth and learn techniques to control/reduce the muscle pain and stiffness. Nurses are encouraged to refer breastfeeding women with FM to lactation consultants and support groups for encouragement and validation regarding their concerns about breastfeeding. It is important that nurses continue to serve as advocates for breastfeeding women with FM and keep other healthcare providers informed about the issues related to breastfeeding for women with FM.

PMID: 15238752 [PubMed - as supplied by publisher]

40: MMWR Morb Mortal Wkly Rep. 2004 Jul 16;53(27):603-6.

Genetic testing for breast and ovarian cancer susceptibility: evaluating direct-to-consumer marketing--Atlanta, Denver, Raleigh-Durham, and Seattle, 2003.
Centers for Disease Control and Prevention (CDC).

Breast and ovarian cancer are the second and fifth leading causes of cancer death, respectively, among women in the United States. One in eight women will have breast cancer during their lifetimes, and one in 70 will have ovarian cancer. Mutations in two genes, BRCA1 and BRCA2 (BRCA1/2), are associated with

predisposition for inherited breast and ovarian cancer and are identified in 5%-10% of women with breast or ovarian cancer (BOC). Since 1996, genetic testing for these mutations has been available clinically; however, population-based screening is not recommended because of the complexity of test interpretation and limited data on clinical validity and utility. Despite the test's limited applicability in the general population, the U.S. provider of clinical BRCA1/2 testing (Myriad Genetic Laboratories, Inc., Salt Lake City, Utah) conducted a pilot direct-to-consumer (DTC) marketing campaign in two cities (Atlanta, Georgia, and Denver, Colorado) during September 2002-February 2003. Although DTC advertisements have been used to raise consumer awareness about pharmaceuticals, this was the first time an established genetic test was marketed to the public. To assess the impact of the campaign on consumer behaviors and health-care provider practices, CDC and the respective state health departments for the pilot cities and two comparison cities (Raleigh-Durham, North Carolina, and Seattle, Washington) surveyed consumers and providers. This report summarizes results of those surveys, which indicated that consumer and provider awareness of BRCA1/2 testing increased in the pilot cities and that providers in these cities perceived an impact on their practice (e.g., more questions asked about testing, more BRCA1/2 tests requested, and more tests ordered). However, in all four cities, providers often lacked knowledge to advise patients about inherited BOC and testing. These findings underscore the need for evidence-based recommendations on appropriate use of genetic tests and education of providers and the public to achieve maximum individual and public health benefit from genetic testing.
PMID: 15254451 [PubMed - indexed for MEDLINE]

41: Rep Med Guidel Outcomes Res. 2004 Jul 9;15(13):1-2, 6-7.
Mammogram underuse concerns researchers.
Levenson D.

Publication Types: News
PMID: 15272486 [PubMed - indexed for MEDLINE]